

INVOICE

SAT Prep Services

Invoice #: _____

Date: _____

Tutor/Center:

[Name/Business Name]

[Address Line 1]

[Email/Phone]

Student/Client:

[Student Name]

[Parent Name]

[Address Line 1]

Description of Services	Hours/Qty	Rate	Amount
SAT Math Section Tutoring			
SAT Evidence-Based Reading & Writing			
Diagnostic Practice Exam & Proctoring			
SAT Preparation Course Books/Materials			

Subtotal: \$ _____

Discount: \$ _____

Total Due: \$ _____

Payment due within [X] days. Please make checks payable to [Business Name].

Thank you for choosing our SAT preparation program.